

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER  530 - 903	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name SHANE Last Name ALLERS P.O. Box - Building and Room Number (if any)  Number and Street 7490 MARKET PLACE DRIVE City EDEN PRAIRIE State MN ZIP Code + 4 55344 - 9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)		
4. AFFILIATION OR ORGANIZATION NAME SERVICE EMPLOYEES AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 284	
7. UNIT NAME (if any) SCHOOL SERVICE			

## 75. ADDITIONAL INFORMATION

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Kenneth J. Stork</u> 3-17-03 Date	952-943-2113 Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Shane Allers</u> 3/28/03 Date	952-943-2113 Telephone Number	EXECUTIVE DIRECTOR (If other title, see instructions.)
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## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☐ ☒
12. Have a political action committee (PAC) fund? ..... ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☐ ☒
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 7 1 6 9
19. What is the date of your organization's next regular election of officers? MO 1 1 YEAR 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 3 7 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 4.00-91.82 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 62.50-72.50
(c) Transfer Fees	\$ 1.00
(d) Work Permits	\$ N/A N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 530 - 903

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	1 1 1 2 5 5 5	8 5 4 8 4 1
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		6 7 7 8 1	5 3 2 7 3
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	3 4 2 2 9 8	6 2 8 7 4 3
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		1 5 2 2 6 3 4	1 5 3 6 8 5 7
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	2 6 7 8 7 6
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		0	2 6 7 8 7 6
38. NET ASSETS (Item 32 less Item 37).....		1 5 2 2 6 3 4	1 2 6 8 9 8 1	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 3 0 - 9 0 3

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		2 4 2 2 5 2 3	56. To Officers.....	9	1 4 0 5 6 0
40. Per Capita Tax.....		0	57. To Employees.....	10	6 0 9 7 1 1
41. Fees.....		5 4 4 8	58. Per Capita Tax.....		9 0 3 2 0 4
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	2 0 6 2 2 3
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		1 0 7 8 4 4
46. Interest.....		3 5 5 4 1	63. Benefits.....	11	2 7 8 0 2 7
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	1 3 3 5 8
48. Rents.....		6 1 6 4	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		7 1 4 3 1
50. Loans Obtained.....	8	2 7 0 0 0 0	67. Withholding Taxes.....		2 4 2 1 9 3
51. Repayments of Loans Made.....	1	1 4 5 0 8	68. Purchase of Investments & Fixed Assets.....	7	3 6 1 0 1 8
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	2 1 2 4
54. Other Receipts.....	14	6 4 8 0 7	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
55. TOTAL RECEIPTS.....		2 8 1 8 9 9 1	73. Other Disbursements.....	15	1 4 1 0 1 2
			74. TOTAL DISBURSEMENTS .....		3 0 7 6 7 0 5

Enter Amounts in Dollars Only -- Do Not Enter Cents

**SCHEDULE 1 – LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: PATRICK TEAL Purpose: BUILDING PURCHASE Security: BUILDING PURCH Terms: 15YR10% \$1719MO	6 7 7 8 1	0	1 4 5 0 8	0	5 3 2 7 3
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	6 7 7 8 1	0	1 4 5 0 8	0	5 3 2 7 3
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 530 - 903

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 530 - 903

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 7490 MKT PL DR, EDEN PRAIRIE, MN	7 5 0 0 0		7 5 0 0 0	1 1 0 2 5 0
2. Totals from additional pages (if any)	5 9 0 0 0		5 9 0 0 0	4 4 5 0 0
3. Buildings (give location): 7490 MTK PL DR, EDEN PRAIRIE,	2 2 5 0 0 0	9 7 5 0 0	1 2 7 5 0 0	4 1 3 0 0 0
4. Totals from additional pages (if any)	2 7 8 5 0 0	2 3 2 1	2 7 6 1 7 9	2 1 3 3 0 0
5. Automobiles and Other Vehicles	1 7 5 1 7 2	1 6 0 5 1 7	1 4 6 5 5	1 4 6 5 5
6. Office Furniture and Equipment	2 2 7 5 5 3	1 5 1 1 4 4	7 6 4 0 9	7 6 4 0 9
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 0 4 0 2 2 5	4 1 1 4 8 2	6 2 8 7 4 3	8 7 2 1 1 4
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 530 - 903

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE & EQUIPMENT	23518	23518	23518
2. BUILDING 450 SOUTHVIEW BLVD, SOUTH ST PAUL, MN	278500	278500	278500
3. LAND 450 SOUTHVIEW BLVD, SOUTH ST PAUL, MN	59000	59000	59000
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	361018	361018	361018
		7. Less Reinvestments	0
		8. Net Purchases	361018
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. RCHFLD/BLMNGTN CR UNION	0	2700000	2124	0	267876
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	2700000	2124	0	267876
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34					
Column (C) ..... with Explanation ..... Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 530 - 903

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. ALLERS SHANE EXEC DIRECTOR	C	8 8 8 9 7	0	5 6 9 5	0	9 4 5 9 2
2. STROH KONRAD PRESIDENT	C	7 8 1 6 8	0	8 6 2 1	0	8 6 7 8 9
3. DUBOVICH ANN TRUSTEE	C	2 2 0 5	0	2 5 6	0	2 4 6 1
4. WUETHRICH PAUL FIRST VICE PRES	C	4 5 1 7	0	5 3 2	0	5 0 4 9
5. DIANNA THINGLESTA SECOND VP	C	9 0 0	0	2 2 9	0	1 1 2 9
6. DALUGE DIANE TRUST/MBR AT LG	C	2 6 8 1	0	6 3 7	0	3 3 1 8
7. BOLIN JUDITH TRUSTEE	C	1 2 2 2	0	3 1 2	0	1 5 3 4
8. Totals from additional pages (if any)		1 1 1 9 2	0	9 4 9	0	1 2 1 4 1
9. Totals of Lines 1 through 8		1 8 9 7 8 2	0	1 7 2 3 1	0	2 0 7 0 1 3
				10. Less Deductions		6 6 4 5 3
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements		1 4 0 5 6 0

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 530 - 903

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. ALLERS WENDY DUES COORD N/A	4 9 8 5 9	0	1 1 4	0	4 9 9 7 3
2. PEDERSON MICHELE BENEFITS COORD N/A	4 9 8 5 9	0	8 3 8	0	5 0 6 9 7
3. FRIEDMAN DONNA CONTRACT ORG N/A	6 4 0 1 6	0	3 7 2 2	0	6 7 7 3 8
4. CONLEY PATRICIA CONTRACT ORG N/A	6 5 3 7 0	0	1 6 6 5	0	6 7 0 3 5
5. HIRSCH JAN OFFICE MGR N/A	5 8 9 1 7	0	2 0 7 2	0	6 0 9 8 9
6. Totals from additional pages (if any)	3 8 1 5 5 3	0	4 5 7 0 1	0	4 2 7 2 5 4
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	7 1 9 7 6	0	1 6 8 0	0	7 3 6 5 6
8. Totals of Lines 1 through 7	7 4 1 5 5 0	0	5 5 7 9 2	0	7 9 7 3 4 2
			9. Less Deductions		1 8 7 6 3 1
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		6 0 9 7 1 1

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 3 0 - 9 0 3

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION SEIU OFFICERS	TRUST	1 3 0 3 5 7
2. GROUP LIFE INSURANCE	INSURANCE COMPANY	1 4 7 6 7 0
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 7 8 0 2 7
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE, CIVIC, & OTHER	2 7 6 0
2. LABOR RELATED	3 2 0 0
3. EDUCATIONAL	2 6 0 0
4. RETIREMENTS & TESTIMONIALS	4 7 6 0
5. FLOWERS, CARDS, AND BIBLES	3 8
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 3 3 5 8
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. HOTEL & TRANS PD TO VENDOR	3 2 2 4 3
2. ASSOC FEE	6 8 7 8
3. WATER/SEWER	3 4 6
4. TRASH REMOVAL	7 5 5
5. UTILITIES/GAS	1 3 3 3
6. UTILITIES/ELECTRIC	3 2 4 7
7. Total from additional pages (if any)	1 6 1 4 2 1
8. Total of Lines 1 through 7	2 0 6 2 2 3
The total from Line 8 is entered in ..... Item 60	

## SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. SEIU SUBSIDY	2 1 2 9 4
2. SEIU STRIKE/LEGAL	3 2 2 6 5
3. SUPPLIES FOR RESALE	9 5
4. COPE INCOME	3 7 8
5. REFUND OF AUTO MAINTENANCE	5 4
6. REFUND OF U/C TAXES	3 2 2
7. REFUND OF MEETING EXPENSE	1 3 5 0
8. REFUND OF SUPPLIES FOR RESALE	9 5
9. REFUND OF DUES/SUBSCRIPTIONS	3 5 1
10. REFUND OF SUPPLIES	4 5 3
11. REFUND OF BUILDING PURCHASE	8 1 5 0
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 4 8 0 7
The total from Line 17 is entered in ..... Item 54	

## SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. UNALLOCATED MTG EXPENSE	5 2 6 0 8
2. ADVERTISING	4 3 0
3. ARBITRATION	8 1 2 8
4. AFFILIATION FEES	2 9 9 5
5. INTEREST EXPENSE	2 5 8 2
6. PROMOTIONAL	1 5 0 4 4
7. ELECTION EXPENSE	4 5 8
8. PICNIC	2 9
9. REFUNDS-DUES	3 8 0 4
10. REFUNDS- FAIR SHARE	4 2 3
11. REFUNDS- INITIATION FEES	1 8 7
12. MEETING EXPENSE	1 9 3 4 1
13. REFUND OF AUTO MAINTENANCE	5 4
14. REFUND OF BUILDING PURCHASE	8 1 5 0
15. OTHER NON-TAX WITHHOLDINGS	1 1 8 9 1
16. Total from additional pages (if any)	1 4 8 8 8
17. Total of Lines 1 through 16	1 4 1 0 1 2
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
LARSON KYLE MEMBER AT LARGE	P	0	0	0	0	0
JOHNSON MARY MEMBER AT LARGE	C	9 0 0	0	3 2 9	0	1 2 2 9
MORRIS TOM TRUSTEE	P	3 8 2	0	9	0	3 9 1
FITZPATRICK PETER SGT AT ARMS	C	2 7 7 1	0	1 4 0	0	2 9 1 1
JOHNSON ELTON MEMBER AT LARGE	N	1 5 2 9	0	7 4	0	1 6 0 3
BEHREND S MARY MEMBER AT LARGE	N	2 2 3 9	0	8 4	0	2 3 2 3
HOLMES VAUGHAN SENIOR MEMBER	C	3 3 7 1	0	3 1 3	0	3 6 8 4

ORGANIZATION NAME:  
**SERVICE EMPLOYEES AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2002**

FILE NUMBER: **530 - 903**

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(If applicable)</small>						
RENAUD	RUDY	2 3 8 1 1	0	2 4 1 2	0	2 6 2 2 3
CONTRACT ORG						
N/A						
HAGGLUND	SHELLY	5 0 6 2 3	0	5 2 8 1	0	5 5 9 0 4
ORG DIRECTOR						
N/A						
VILLARREAL	JOHNNY	4 1 7 5 0	0	3 1 9 4	0	4 4 9 4 4
CONTRACT ORG						
N/A						
BARTLESON	JEFFEREY	3 4 0 5 2	0	4 9 7 4	0	3 9 0 2 6
ORGANIZER						
N/A						
RAU	JANELLE	4 7 2 1 1	0	8 8 7 8	0	5 6 0 8 9
POLITICAL DIR						
N/A						

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
NIEMI	KEITH	5 8 9 1 7	0	5 2 8 8	0	6 4 2 0 5
CONTRACT ORG						
N/A						
SHARKEY	ALLISON	2 7 9 2 5	0	3 5 2 8	0	3 1 4 5 3
ORGANIZER						
N/A						
STRADTMANN	SUSAN	4 1 7 5 0	0	4 2 1 1	0	4 5 9 6 1
ORGANIZER						
N/A						
MEYERS	ROBERT	2 7 9 2 5	0	3 4 9 7	0	3 1 4 2 2
ORGANIZER						
N/A						
BIRD	MATT	2 7 5 8 9	0	4 4 3 8	0	3 2 0 2 7
ORGANIZER						
N/A						

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 5 – FIXED ASSETS: BUILDINGS *(continued)*

Description of Buildings <i>(give location)</i> (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
450 SOUTHVIEW BLVD, SO ST PAUL	2 7 8 5 0 0	2 3 2 1	2 7 6 1 7 9	2 1 3 3 0 0



ENDING DATE OF PERIOD COVERED:  
12/31/2002

**SCHEDULE 5 – FIXED ASSETS: LAND (continued)**Form LM-2 (Revised 2000)

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 5 3 0 - 9 0 3

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
BUILDING MAINTENANCE	1 2 4 0
R/E TAXES	1 1 7 1 8
BUILDING PURCHASE	1 3 6 1 4
IBM PROGRAMS	2 1 1 2
COMPUTER PROGRAMS	5 9 7 2
NEWSLETTERS	6 6 9 3
DUES/SUBSCRIPTIONS	1 0 8 4 6
SURETY BOND	3 0 8 8
EQUIP MAINT AGREEMT	8 4 9 6
W/C INSURANCE	4 5 9 7
PRINTING	7 9 1 8
SUPPLIES	2 2 6 5 6
MACHINE MAINTENANCE	5 9 1
BANK CHARGES	9 6 3
TELEPHONE	2 1 9 0 1
TELEPHONE LONG DISTANCE	2 4 9 6
PSTG METER RENTAL	7 9 3
POSTAGE	2 6 0 2 2

ORGANIZATION NAME:  
**SERVICE EMPLOYEES AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2002**

FILE NUMBER: **5 3 0 - 9 0 3**

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
POSTAGE-BUS REPLY	5 0 0
POSTAGE BULK MAIL	6 6 3 4
REFUND OF TRAINING, MTGS	1 3 5 0
REFUND OF SUPPLIES FOR RESALE	9 5
REFUND OF DUES/SUBSCRIPTIONS	3 5 1
REFUND OF SUPPLIES	4 5 3
REFUND OF U/C TAXES	3 2 2

SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 5 3 0 - 9 0 3

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**SCHEDULE 15 – OTHER DISBURSEMENTS (continued)**[illegible]

ORGANIZATION NAME: <b>SERVICE EMPLOYEES AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 3 0 - 9 0 3**

## 75. ADDITIONAL INFORMATION(*continued*)

Item Number	
12	SCHOOL SERVICE EMPLOYEES LOCAL NO. 284 PAC FUND. THIS FUND IS REQUIRED TO FILE REPORTS WITH A STATE OR FEDERAL GOVERNMENT AGENCY. THE ACTIVITY OF THIS FUND FOR 2002 IS INCLUDED IN THIS LM-2.

ORGANIZATION NAME:  
**SERVICE EMPLOYEES AFL-CIO**

FILE NUMBER: **5 3 0 - 9 0 3**

ENDING DATE OF PERIOD COVERED:  
**12/31/2002**

## 75. ADDITIONAL INFORMATION (*continued*)

Item Number 13	DEPRECIATION EXPENSE
	AUTOMOBILES \$19,302
	BUILDINGS 9,821
	COMPUTER EQUIPMENT 39,057
	FURNITURE AND FIXTURES 6,393
	TOTAL \$74,573
	FIXED ASSETS WITH A COST OF \$31,833 AND A BOOK VALUE OF \$0 WERE DISPOSED OF DURING THE YEAR. NO CASH WAS RECEIVED.

ORGANIZATION NAME:  
SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:  
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## 75. ADDITIONAL INFORMATION *(continued)*

Item Number

24

THE LOCAL'S SICK LEAVE POLICY WITH ITS EMPLOYEES PROVIDES THAT EACH EMPLOYEE IS CREDITED WITH A DAY PER MONTH FOR SERVICE TO THE LOCAL. AT THE EMPLOYEE'S DISCRETION, THE EMPLOYEE MAY WITHDRAW ANY NUMBER OF ACCRUED DAYS FROM THEIR ACCUMULATED AMOUNT OF SICK LEAVE. IF THE EMPLOYEE VOLUNTARILY OR INVOLUNTARILY RESIGNS, HE/SHE WILL BE COMPENSATED IN FULL THE AMOUNT OF THEIR ACCUMULATED SICK PAY. AT DECEMBER 31, 2002 THE LIABILITY FOR SICK PAY AMOUNTED TO APPROXIMATELY \$127,000, WHICH IS NOT REFLECTED IN THIS LM-2.

ORGANIZATION NAME:

SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:

12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number

30

SCHEDULE 5, COLUMN E- FAIR MARKET VALUE

THE LOCAL HAS NO POLICY FOR PERIODICALLY APPRAISING ITS ASSETS TO DETERMINE THEIR FAIR MARKET VALUE. EXCEPT FOR THE BUILDING, THE BOOK VALUE OF THE LOCAL'S ASSETS HAVE BEEN REPORTED AS A GOOD FAITH ESTIMATE OF THE FAIR MARKET VALUE.

FAIR MARKET VALUE OF THE LAND & BUILDINGS WERE OBTAINED FROM THE PROPERTY TAX STATEMENT FOR 2002.



ORGANIZATION NAME:

SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:

12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number

56

56 AND 57, SCHEDULES 9 AND 10

IT IS NOT PRACTICAL TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO OFFICERS AND EMPLOYEES AND INCLUDED IN COLUMN (F). HOWEVER, A REASONABLE ALLOCATION OF SUCH EXPENSES HAS BEEN MADE. UNION OWNED/LEASED AUTOMOBILES WERE USED 50 PERCENT OR MORE ON OFFICIAL UNION BUSINESS. THE REMAINDER, IF ANY, WAS FOR PERSONAL USE.

RESIGNING OFFICER:

UPON THE RESIGNATION OF TOM MORRIS, DIANE DALUGE WAS APPOINTED TRUSTEE.

UPON THE APPOINTMENT OF DIANE DALUGE TO TRUSTEE AND THE RESIGNATION OF KYLE LARSON, ELTON JOHNSON AND MARY BEHRENDIS WERE APPOINTED MEMBERS AT LARGE.

ORGANIZATION NAME:

SERVICE EMPLOYEES AFL-CIO

FILE NUMBER: 530 - 903

ENDING DATE OF PERIOD COVERED:

12/31/2002

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number

72

THIS REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL BENEFITS.

ORGANIZATION NAME: <b>SERVICE EMPLOYEES AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 3 0 - 9 0 3**

## 75. ADDITIONAL INFORMATION

Item Number	
77	THE CHIEF FINANCIAL OFFICE OF THE LOCAL IS THE EXECUTIVE DIRECTOR.